

— AMENDED —
**APPLICATION TO ADD
GENERAL EXCISE,
EMPLOYER'S WITHHOLDING,
TRANSIENT
ACCOMMODATIONS, AND
RENTAL MOTOR VEHICLE &
TOUR VEHICLE ACTIVITY**

FORM GEW-TA-RV-4X
(Rev. 1993)**TYPE OR PRINT LEGIBLY****PREPARE IN DUPLICATE AND RETAIN A
COPY FOR YOUR RECORDS**

1. HAWAII IDENTIFICATION NUMBER:

2. TAXPAYER'S NAME: (Last, First, Middle/Corporation, etc.)

3. (a) Federal Employer's I.D. Number (FEIN)

(b) Parent Corporation's FEIN

4. APPLICATION IS HEREBY MADE TO ADD: (Please check all that apply) STARTING DATE, AND LICENSE/REGISTRATION FEE

1 ☐ General Excise License

Date Business Began in Hawaii ____/____/____

(If Box 1 is checked, enter \$20.00 here 1 \$ _____

2 ☐ Employer's Withholding Identification Number

Date Withholding Began ____/____/____ 2 - 0 -

3 ☐ Transient Accommodations Registration

Date Transient Accommodations Began in Hawaii ____/____/____

Check only one: (Code 05) ☐ \$5.00 (1 - 5 units) 3(Code 06) ☐ \$15.00 (6 or more units) 37 ☐ Rental Motor Vehicle & Tour Vehicle Registration

Date Began in Hawaii (Not Before 01/01/92) ____/____/____

If Box 7 is checked, enter \$20.00 here) 7

Total Amount Due (Add items 1, 2, 3, and 7)

Pay in U.S. dollars on U.S. Bank to "HAWAII STATE TAX COLLECTOR." Attach check to this form \$ _____

5. FILING PERIOD FOR: (check your filing period for the applicable taxes)

(a) General Excise Tax..... ☐ Monthly ☐ Quarterly ☐ Semi-Annually(b) Employer's Withholding Tax..... ☐ Monthly ☐ Quarterly(c) Transient Accommodations Tax ☐ Monthly ☐ Quarterly ☐ Semi-Annually(d) Rental Motor Vehicle and Tour Vehicle Surcharge Tax ☐ Monthly ☐ Quarterly ☐ Semi-AnnuallyFor items (a), (c), and (d): Check monthly if you expect to pay more than \$2,000 a year of taxes in the respective taxes;Check quarterly if you expect to pay \$2,000 or less a year in the respective taxes; orCheck semi-annually if you expect to pay \$1,000 or less a year in the respective taxes.For item (b): Check monthly if you expect to pay more than \$1,000 a year in withholding taxes; orCheck quarterly if you expect to pay \$1,000 or less a year in withholding taxes.

6. ACCOUNTING PERIOD:

☐ Calendar Year (The 12-month period from January 1 to December 31.)☐ Fiscal Year Ending: ____/____
(A 12-month period ending on the last day of any month except December. Example: June 30 = 06/30)

7. ACCOUNTING METHODS:

☐ Cash (Report all income in the period when it is actually or constructively received, either in the form of cash or its equivalent, or other property.)☐ Accrual (Report income when you earn it, whether or not you actually receive it.)

8. TYPE OF BUSINESS ACTIVITIES: (Circle all that apply. See Instructions for Form GEW-TA-RV-3 for description of each business activity.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

List Your Primary Type of Business Activity: _____

THE STATEMENTS ON THE FRONT AND BACK PAGES ARE HEREBY CERTIFIED TO BE CORRECT TO THE BEST KNOWLEDGE AND BELIEF OF THE UNDERSIGNED WHO IS DULY AUTHORIZED TO SIGN THIS AMENDED APPLICATION

Signature of Owner, Partner, Officer, or Agent

Title: Owner, Partner, Officer, or Agent

Date

9. DO YOU QUALIFY FOR A DISABILITY EXEMPTION? ☐ Yes ☐ No If yes, Forms N-172 and N-857 must be completed and submitted before the \$2,000 exemption of gross income of any blind, deaf or totally disabled person and rate of 1/2 of 1% for remaining gross income can be allowed.
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10. If you took over the business from a previous owner, state the owner's/business' name, last known address, and General Excise Identification number. Otherwise, enter "not applicable."
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11. (a) List by island the address(es) of your rental real property (e.g. land, building, apartments, condominiums, or hotels or other transient lodging).
(b) List by island the address(es) of your rental motor vehicle and/or tour business locations.
(c) If a transient accommodation (t.a.), or if a rental motor vehicle or tour business location (r.v.), place a check mark in the appropriate column on the right.
(d) Attach a separate sheet of paper if more space is required.

[illegible]

MAILING ADDRESSES & TELEPHONE NUMBERS
(Please direct all inquiries or correspondence to the nearest district office.)

OAHU DISTRICT OFFICE
P.O. Box 1425
Honolulu, HI 96806-1425
Telephone: (808) 587-4242
Toll Free: 1-(800)-222-3229

MAUI DISTRICT OFFICE
P.O. Box 1427
Wailuku, HI 96793-6427
Telephone: (808) 243-5382

HAWAII DISTRICT OFFICE
P.O. Box 937
Hilo, HI 96721-0937
Telephone: (808) 933-4321

KAUAI DISTRICT OFFICE
P.O. Box 1687
Lihue, HI 96766-5687
Telephone: (808) 241-3456